

0369: AN AUDIT CYCLE OF CONSENT FORM COMPLETION TO IMPROVE TRAINING AND SERVICE STANDARDS IN A REGIONAL HAND CENTREC. Leng*, K.S. Sharma. *Sheffield Hand Centre, UK*

Aim: Consent for surgical procedures are an essential part of the patient's pathway. Junior doctors are often expected to do this especially in the emergency setting. As a result the aim of our audit was to assess our practice in consenting and institute changes within our department to maintain best medical practice.

Methods: An audit of consent form completion was conducted in March 2013. Standards were taken from Good Surgical Practice (2008) and GMC guidelines. Inclusion of consent teaching at formal consultant delivered induction sessions was then instituted. A re-audit was completed to re-assess compliance.

Results: 37 consent forms were analyzed. The re-audit demonstrated an improvement in documentation of benefits (91% to 100%) and additional procedures (0% to 7.5%). Additional areas for improvement like offering a copy of the consent form to the patient, and confirmation of consent if a delay occurred between consenting and the procedure were identified.

Conclusion: The Re-Audit demonstrated an improvement in the consent process. It also identified new areas of emphasis that were addressed in formal teaching sessions. The Audit cycle can be a useful tool in monitoring, assessing and improving clinical practice to ensure the provision of best patient care.

0377: FLUID MANAGEMENT IN SURGICAL PATIENTS: AN EDUCATIONAL STUDYS. Joshi*, M. Kempton, A. Meduoye, I. Nikolopoulos, K. Thakur. *Lewisham and Greenwich NHS Trust, UK*

Aim: To evaluate foundation doctors' knowledge on fluid and electrolyte management based on the British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients (GIFTASUP) 2008.

Methods: A prospective study was conducted over two months, involving 22 Foundation Year Doctors (FY1) and 14 final-year medical students (FYMS). Participants completed a GIFTASUP based questionnaire, which was repeated after an organized teaching session. The primary outcome was defined as the participant's preliminary result and their subsequent improvement post-teaching.

Results: Only 45% of 36 participants were aware of GIFTASUP pre-teaching. The mean score achieved was 49% pre-teaching, rising to 78.8% post-teaching. FYMS achieved a mean score of 50% in the pre-test, rising to 84.9% post-teaching. The FY1s achieved a mean score of 48.5% in the pre-test, rising to 78.8% post-teaching.

Post-teaching analysis showed 34 participants (97.1%) were able to correctly prescribe appropriate fluids however 88.6% did not know the constituents of Hartmann's, NaCl and dextrose (5%).

Conclusion: Fluid management is a core topic often neglected within the medical curriculum. The surgical FY1 is often the first port of call for postoperative patients; therefore it is essential to provide frequent quality training to minimize any unnecessary, associated morbidity, mortality and healthcare costs.

0384: PATIENT SAFETY REPORTING AMONGST CORE SURGICAL TRAINEESL. Hendra*, R. Pollard, E. Sharp. *School of Surgery HEKSS, UK*

Aim: Despite patient safety being at the forefront of the NHS agenda, raising concerns is not always straightforward.

This project aims to understand the experiences of surgical trainees and identify barriers to raising patient safety issues.

Methods: An online survey was circulated to Core Surgical Trainees in the Kent, Surrey and Sussex LETB (HEKSS). There are 32 respondents from August 2014 to date. Data collection is ongoing.

Results: 20/32 (63%) of respondents raised a patient safety concern within the past two years. One quarter of trainees admitted to concerns they should have raised, yet failed to do so. 14/20 (70%) of concerns were escalated to educational supervisors or consultants, 10/20 were reported via incident form, whilst only 2/20 (10%) were raised with HEKSS.

Just under one third of trainees saw the issue resolved or a lasting improvement in safety achieved, a quarter saw a transient improvement, whilst 7/20 (35%) witnessed no improvement.

Conclusion: More must be done to facilitate patient safety reporting amongst trainees. Clear guidance of how to escalate unresolved concerns should be provided. As consultants and supervisors play a major role in trainees' reporting, instruction on how to address trainees' concerns should be given.

0414: PERSPECTIVES TOWARDS SURGERY AND A FUTURE MEDICAL CAREER CHANGE DURING PROGRESSION THROUGH MEDICAL SCHOOLV. Oates*, A. Saha, V. Borse, D. Burke. *St. James's University Hospital, UK*

Aim: This study assessed the attitudes towards a career in surgery amongst medical students.

Methods: A validated questionnaire, about career intention, was given to first year students in 2009. The same questionnaire was given to the same students each year until graduation in 2014.

Results: Response rates ranged from 76%(Year 3) to 92%(Year 2). 67% of students were women. Amongst first years, 52 (25%) planned to pursue a surgical career. This fell to 14% by the fifth year ($P = 0.007$). Interest in a medical sub-specialty (7% to 24%, $P < 0.001$), GP (10% to 22%, $P = 0.001$) and anaesthetics (1% to 8%, $P < 0.001$) all increased.

Key factors involved included personal experience of surgery (rising from 55% to 83%, $P < 0.001$). 35% of men planned a surgical career as compared with 12% of women ($P < 0.001$); this gender gap widened through medical school.

Earning potential was very important to 22% of students who planned a surgical career as compared with 13% of students who did not ($P = 0.007$) and the importance of interesting work and academic reputation was also greater in those who wanted to do surgery.

Conclusion: Interest in surgery falls during medical school and there are still large gender differences. The specialty is failing to attract the undergraduate medical population.

0419: A DOUBLE LOOP AUDIT OF AN ENT TRAINING ROTATION AGAINST THE JCST QUALITY INDICATORS FOR CORE SURGICAL TRAININGM. Kuet*, *Lincoln County Hospital, UK*

Aim: The JCST has developed Quality Indicators (QIs) to assess the quality of surgical training. The JCST trainee survey asks questions to measure the QIs in order to identify how well rotations are performing. The aim of this audit was improve the quality of a DGH core training rotation using the QIs.

Methods: The first 4 weeks of an ENT rotation were audited against standards identified from the JCST QIs for ENT themed Core Surgical Training. An improved timetable was developed with the educational supervisor. After 4 weeks, the rotation was reaudited.

Results: The first cycle showed adherence to 14 out of 15 standards, but the rotation was not always meeting one quality indicator "core trainees in ENT surgery should attend three operating lists". After identifying a more appropriate theatre session, the rota was improved to allow the core trainee to attend this. The second cycle confirmed the rotation met this final standard.

Conclusion: The JCST QIs act as a powerful benchmark to assess the quality of training rotations. This audit demonstrates how the JCST QIs can be used to empower the trainee to improve their rotation over a short time course and is of relevance to all core trainees.

0432: SHOULD DRAWING BE INCORPORATED INTO TEACHING OF ANATOMY IN THE UK?B.C. Leung, K.C. Park, M. Morgan*, S. Oh, B. Sallie, S. Munir, H. Alistair. *Kings College London, UK*

Aim: In recent years, the quantity of anatomy teaching in medical schools had dramatically decreased, with a shift towards problem-based and patient-centered teaching. This change in focus had deferred students away from a surgical career due to lack of confidence in their anatomical knowledge.